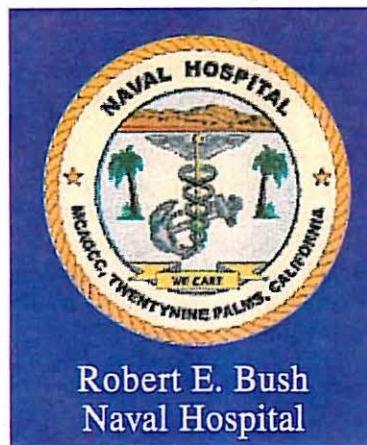
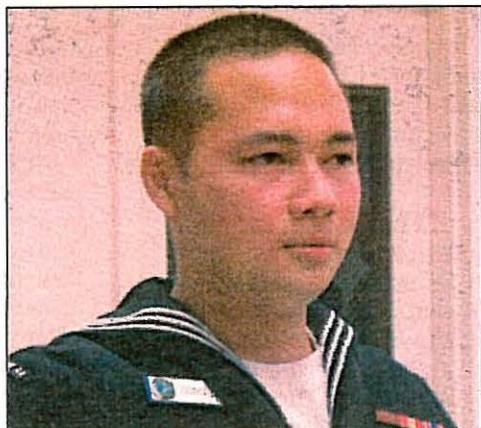
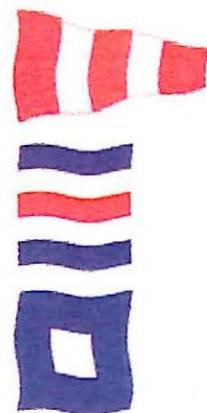
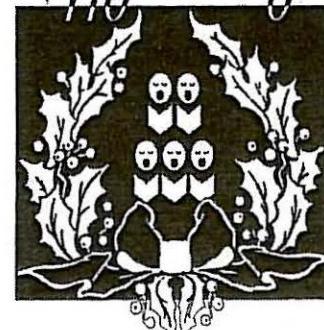


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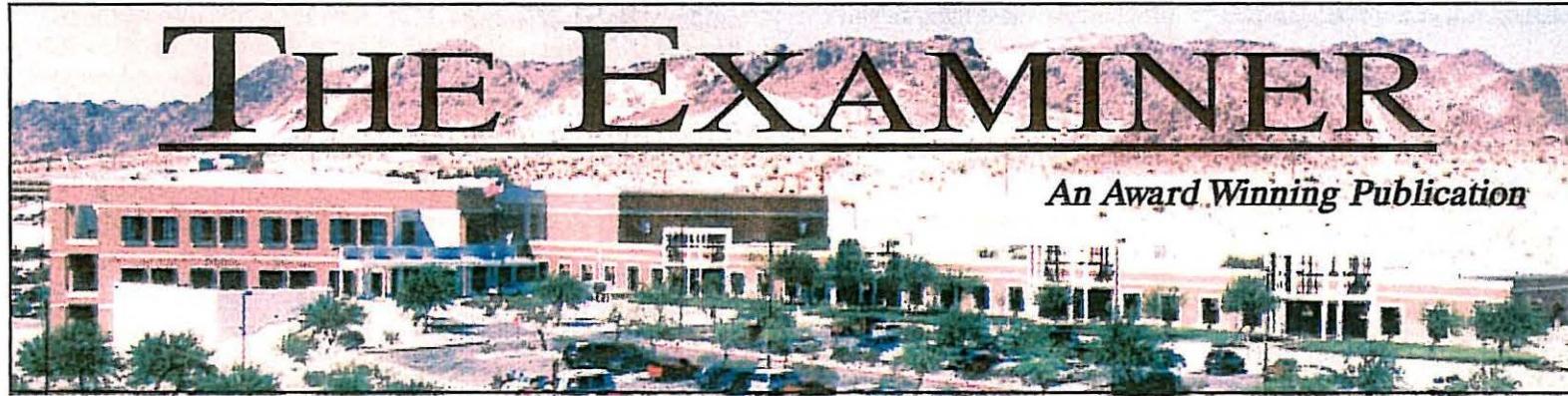
page 4



Happy Holidays!



Inside...



www.nntp.med.navy.mil

Set Up Family Member Accounts Before Deployment

D eployable and TRICARE Remote service members should consider setting up Family Member Accounts enabling their family to access medical, pay and human resource Web sites in their absence.

The Family Member Account is a secure credential issued to sponsors and their family members that allows them to log on to other Department of Defense Web sites even if they don't have a Common Access Card (CAC) or Defense Finance and Accounting Service (DFAS) PIN, also known as 'myPay.'

"The Family Member Account is especially useful to National Guard and Reserve members who mobilize quickly," said Army Major General Elder Granger, deputy director, TRICARE Management Activity. "It lets the family handle business from home, taking stress off the sponsor during deployment."

To get a Family Member Account, the active duty sponsor

Continued on page 7

Naval Hospital Corpsman Identified as Accident Victim

T his command was notified that a vehicle belonging to one of its staff members was involved in an accident the morning of Sunday, Nov. 18, resulting in the death of the driver, who was the only occupant of the vehicle.

Late the following afternoon the San Bernardino County Coroner confirmed the identity of the driver as Hospital Corpsman Brian Bugayong, 22, assigned to the Naval Hospital's Multi-Service Ward, Nursing Services Directorate.

Bugayong was a veteran of Operation Iraqi freedom returning from Iraq in April of this year, where he served as Hospital Corpsman with Head Quarters Battalion 2/14.

Bugayong, of Azusa, California, attended and graduated from Azusa High School on June 19, 2003. He entered the Navy May 24, 2005, and graduated from Hospital Corps School at Great Lakes, Ill. November 11, 2005. He reported for duty at the Naval Hospital here February 23, 2006.

Bugayong's awards include the National Defense Medal; Global

War on Terrorism Medal; Iraqi Campaign Medal and the Sea Service Ribbon.

Captain Mark Boman, Commanding Officer, Naval Hospital, Twentynine Palms stated, "I wish to extend my thoughts and prayers to the Bugayong family, the Multi-Service Ward staff, and to HN Bugayong's many shipmates and friends both here at Naval Hospital, Twentynine Palms and with the men and women of the unit he honorably served in Iraq."

TRICARE Beneficiary Feedback Inspires TriWest.com Makeover

*By Tiffany Anderson
TriWest Healthcare Alliance*

T RICARE's West Region beneficiaries get the gift of a redesigned www.TriWest.com this season. The result is a faster, more user-friendly site to help beneficiaries manage their health care online, from anywhere in the world with an Internet connection.

Site improvements were made based on significant market research, including feedback directly from beneficiaries and providers.

Registered beneficiaries can check the status of claims, authorizations and referrals online or set up

an automatic payment option to take the hassle out of monthly payments.

To register, visit www.TriWest.com, select 'Beneficiary' from the homepage and click on 'Create an Account' from the left navigation bar. Registered users can also update their other health insurance, make changes to personal information, download explanation of benefits (EOBs) and much more, including:

- * Claims -- Learn how to file a claim, check claim status and update other health insurance.

- * Authorizations and Referrals -- Registered users receive a QuickAlert e-mail once an authori-

Continued on page 7

Here are some of the reasons why mom was right when she asked "Did you wash your hands?" *page 2*

The TRICARE dental benefit now covers anesthesia and institutional costs for children age 5 and younger and beneficiaries with developmental, mental or physical disabilities. *page 3*

Did you know you can refill long-term prescription medications from home, get them delivered to your front door, and save up to 66 percent in the process? TRICARE's Mail Order Pharmacy (TMOP) makes it all possible. *page 3*

Since the advent of the Automated Teller Machine (ATM) a few decades ago, banks and their customers have had to deal with a new form of theft: card-skimming. *page 5*

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Continued on page 7

December 2 -- 8 is National Hand Washing Awareness Week!

By Martha Hunt, MA
Health Promotions Coordinator
Robert E. Bush Naval Hospital

Here are some of the reasons why mom was right when she asked "Did you wash your hands?"

The most important thing that you can do to keep from getting sick is to wash your hands. By frequently washing your hands, you wash away germs that you have picked up from other peo-

ple or from contaminated surfaces, animals and animal waste.

What happens if you do not wash your hands frequently? You pick up germs from other sources and then you infect yourself when you touch your eyes, nose or mouth.

One of the most common ways people catch colds is by rubbing their nose or their eyes after their hands have been contaminated with the cold virus. You can also spread germs directly to others or onto surfaces that

other people touch and before you know it, everybody around you is getting sick.

The important thing to remember is that, in addition to colds, some pretty serious diseases like hepatitis A, meningitis, and infectious diarrhea can easily be prevented if people make a habit of washing their hands.

When should you wash your hands? You should wash your hands often. Probably more often than you do now because you can't see germs with the naked eye or smell them so you do not really know where they are hiding.

Mother knew best! One survey of restroom users indicated that up to 40 percent of the males and 20 percent of the females did not wash their hands after using the bathroom! Eww!

It is especially important to wash your hands before, during, and after you prepare food. Also wash up before you eat, after

quently when someone in your home is sick so you don't help make others sick in your household.

What is the correct way to wash your hands? First wet your hands and apply a liquid soap or use a clean bar of soap. After lathering up with the bar soap, place the bar soap on a rack and allow it to drain. Next rub your hands vigorously together and scrub all surfaces. Continue for 10 - 15 seconds or about the length of time it takes to sing a little tune. It is the soap combined with the scrubbing action that helps dislodge and remove germs. Rinse well and dry your hands.

Good hand-washing can help keep you and those around you a lot healthier this cold and flu season!

you use the bathroom and after handling animals or animal waste. You should also wash your hands when you notice that they are dirty and more fre-

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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Mark O. Boman
CAPT MSC USN
Commanding Officer
Naval Hospital, Twentynine Palms

Holiday Message from the CO...

As this edition of the "The Examiner" goes to print, the start of the holiday season is just around the corner.

In this regard, on behalf of the staff here at Naval Hospital, Twentynine Palms and its outlying branch health clinics at Naval Air Weapons Station, China Lake and Marine Corps Mountain Warfare Center, Bridgeport, California, I wish you and your family the happiest of holidays.

It is our hope you will be able to spend quality time with family and friends, and that the new year will be personally and professionally fulfilling in all respects. And to our "The Examiner" readership, shipmates and friends currently deployed throughout the globe, including the 28 from our own command, know well that you and your families shall remain close in our thoughts wishing for your safe return home—thank you for your service and sacrifice.

To my own staff both individually and collectively, I remain very proud of your accomplishments in 2007 while integrating so effectively and superbly into your daily clinical, ancillary, or administrative practices the three pillars of quality patient care practiced in a safe environment, readiness, and the business of healthcare. Given your proven track record, I know 2008 will result in even greater accomplishments always ensuring first and foremost that those active, reserve, and retired Sailors, Marines, Soldiers, and Airmen and their family members you and I are privileged to serve, will continue to receive the very best healthcare.

Know well a day does not go by that I do not thank those responsible for affording me this special opportunity to serve as your Commanding Officer. Happy Holidays!



TRICARE Now Covers Dental Anesthesia

By Jenna Holtz
TriWest Healthcare Alliance

The TRICARE dental benefit now covers anesthesia and institutional costs for children age 5 and younger and beneficiaries with developmental, mental or physical disabilities. For these patients, it is medically or psychologically necessary to require general anesthesia for dental procedures.

Beneficiaries must have a preauthorization for a separate anesthesiology provider; dentists may not administer the anesthesia. This preauthorization is required in the same manner as required for adjunctive dental care.

Retroactive Reimbursements for TRICARE Beneficiaries

Beneficiaries who received care on or after October 17, 2006 through the implementation of the program on July 1, 2007 and believe they should be reimbursed according to the new guidelines may file DD Form 2642 (Beneficiary Claim Form) with copies of the provider's bill

and receipt for payment of services.

To obtain DD Form 2642:

- * Visit www.triwest.com>Beneficiary>Forms
- * Call 1-888-TRIWEST (874-9378) to have one mailed to you
- * Visit your local TRICARE Service Center

Billing information must include all of the following:

- * Specific name and address of the person who treated the patient
- * Date and place of service
- * Description of service furnished
- * Charges for services
- * Diagnosis (If the diagnosis is not on the bill, complete block 8a on the DD Form 2642.)

Beneficiaries filing for reimbursement for services obtained from October 17, 2006 through July 1, 2007 are not required to have a preauthorization.

Mail completed forms to:
West Region Claims
P.O. Box 77028
Madison, WI 53707-7028

For information on TRICARE's dental programs:

* Active duty, activated Guard and Reserve and their families should contact United

Concordia at www.tricaredental-program.com or 1-800-866-8499

- * Retirees and their families

should contact Delta Dental at www.tdp.org or 1-888-838-8737.

Save up to 66 Percent on Prescription Meds By using Mail Order Pharmacy Benefit

By CiCi Moore
TriWest Healthcare Alliance

Did you know you can refill long-term prescription medications from home, get them delivered to your front door, and save up to 66 percent in the process? TRICARE's Mail Order Pharmacy (TMOP) makes it all possible.

For every prescription filled at a retail pharmacy, you pay a \$3 co-payment for generic medications and \$9 for brand name medications each month. Through TMOP, you will receive a 90-day supply for the same price as a 30-day supply at the retail pharmacy.

TMOP is especially useful for conditions regularly for conditions, diabetes or heart disease.

TMOP Enrollment Just got TRICARE West Region to the Mail Order Pharmacy before thanks to the new

Make the switch instantly

* Call the Member Choice Center at 1-877-363-1433 and a specially trained MCC patient care advocate will walk you through the process, pull up records, verify information, process your enrollment and convert your medication(s) to home delivery.

* Visit www.express-scripts.com/tricare and switch your medications to the mail order option with a few clicks of your mouse.

TriWest does not administer TRICARE's Mail Order Pharmacy program. For more information, contact the plan administrator Express Scripts, Inc at www.express-scripts.com.

Although the Mail Order Pharmacy is a cost savings over retail, filling prescriptions at your local military treatment facility pharmacy remains the least expensive option.

...For every prescription filled at a retail pharmacy, you pay a \$3 co-payment for generic medications and \$9 for brand name medications each month. Through TMOP, you will receive a 90-day supply for the same price as a 30-day supply at the retail pharmacy...

for beneficiaries filling medications such as high bloodpressure.

Easier beneficiaries can now switch quicker and easier than ever Member Choice Center. using one of two options:

To obtain DD Form 2642:

- * Visit www.triwest.com>Beneficiary>Forms
- * Call 1-888-TRIWEST (874-9378) to have one mailed to you
- * Visit your local TRICARE Service Center



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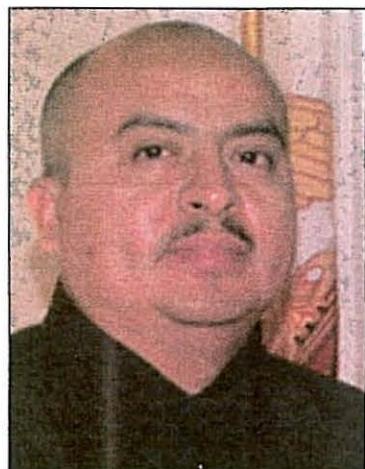
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Closed: Sat. & Sun.



Super Stars



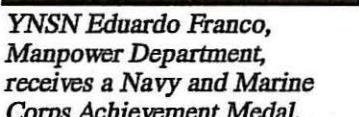
CS1 Jose Amador, Nutrition Management, is frocked to his current rank.



Cindy Crockett, Material Management, receives a Federal Length of Service Award.



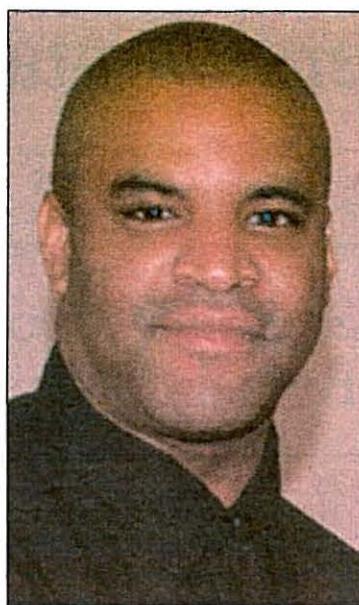
HM1 Douglas Ayala, Patient Administration, is frocked to his current rank.



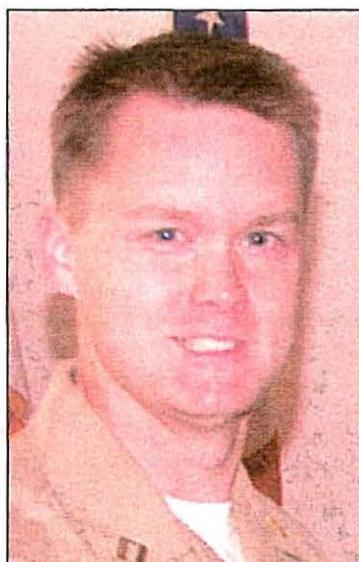
YNSN Eduardo Franco, Manpower Department, receives a Navy and Marine Corps Achievement Medal.



CS2 Leomar Claveria, Nutrition Management, is frocked to his current rank.



CS2 Erik King, Operating Management Department, receives a Navy and Marine Corps Achievement Medal.



Lt. David King, Pediatrics Clinic, receives a Navy and Marine Corps Achievement Medal.



HM1 Daniel Magee, Preventive Medicine, is frocked to his current rank.



HM1Eric Morgan, Radiology, is frocked to his current rank.



HN Jason Pajarillo, Emergency Medicine, receives a Navy and Marine Corps Achievement Medal.



HM3 John Coreteza, Pharmacy Department, take the oath during his recent reenlistment ceremony.

Continued on page 8

How to Avoid Holiday Theft at the ATM

Bank ATMs Converted to Steal IDs of Bank Customers

By Tim Smith, Information Management Department
Robert E. Bush Naval Hospital

Since the advent of the Automated Teller Machine (ATM) a few decades ago, banks and their customers have had to deal with a new form of theft: card-skimming.

Card-skimming is the collection of ATM card numbers and PINs for the purpose of stealing money from bank accounts, a scheme accomplished through methods as low-tech as simply watching customers as they use ATMs (a technique known as "shoulder surfing"), or methods as high-tech as installing false card readers (or whole false fronts) on top of existing ATMs. With the purloined information, scammers can manufacture counterfeit ATM cards and use them to withdraw money from accounts. (In some cases the thieves may steal the original ATM cards, then use some form of card-skimming to collect the appropriate PINs.)

A team of organized criminals is installing equipment on legitimate bank ATMs in at least two regions to steal both the ATM card number and the PIN. The team sits nearby in a car receiving the information transmitted wirelessly over weekends and evenings from equipment they install on the front of the ATM. If you see an attachment like this, do not use the ATM and report it immediately to the bank using the toll-free number or use the telephone on the front of the ATM.

The scheme described here is one of the decidedly high-tech varieties. A phony card slot installed over the real one scans information from an entered card's magnetic stripe, and a small camera hidden within the adjacent pamphlet holder records information from the ATM's display screen and keyboard. The pilfered information is sent via a wireless transmitter to awaiting thieves, who can capture it on a laptop from up to 200 meters away.

A spokesperson for NCR, the ATM giant which produces cash machines, said the scam had been reported several times in South America. The machine shown here belonged to Brazilian bank Bradesco.

Police in Canada, the United States and Malaysia have reported cases of fraud using similar hi-tech methods. In the United States, where independent ATMs (i.e., machines not maintained by banks) are more common, some crooks have resorted to even more thorough methods for stealing money. In December 2003, U.S. Secret Service agents arrested Ilijmira Frljuckic, who had bought and installed more than 55 ATMs in California, Florida, and New York. Frljuckic used the machines to collect information on more than 21,000 accounts from 1,400 different banks, which he used to appropriate over \$3.5 million from customer accounts.

To thwart the thieves from observing your keypad input to your ATM in the scheme described above, cover the keypad with one hand while you enter in your PIN. The keypad is not normally altered. Altering it would take breaking into the machine. Thieves have to see you enter your PIN to steal it, hence, the reason for the camera. If it were disguised as a whole-face front of an ATM, the crooks wouldn't have a need for the camera due to a fake keyboard that could log the keystrokes. Taking the time to stall a full face-front ATM may arouse suspicion. For now the best defense is for ATM customers to remain cautious and vigilant when using their cards, but distinguishing a rigged machine (especially one of the

independent varieties) from the real thing can be extremely difficult even for the most careful of users. NCR hopes that the introduction of "smart cards" (i.e., cards with embedded computer chips like our CAC cards) will eliminate the problem of counterfeit fraud.



Ordinary looking ATM, Right?



A false card slot is affixed over the original card slot. The false slot holds an additional card reader used to copy card information.



An ordinary monitor and pamphlet holder?



The pamphlet holder houses a hidden micro-camera. The hidden camera is angled to view the monitor and the keypad. It can transmit wireless photos of up to 200 meters away (650+ feet).

Emergency Room Procedures Explained

By Lt Cmdr. Christopher Niles
Emergency Room Nurse
Robert E. Bush Naval Hospital

The Naval Hospital Twenty Nine Palms Emergency Room (ER) can be a confusing and sometimes frustrating place to receive healthcare. Our staff will do everything we can to help answer any questions that you may have during your visit to our service.

We must prioritize patients so that the critical and life threatening illnesses are treated first. This may mean that less serious illnesses may not be seen in the order that they come in to the ER. We try very hard to keep the waiting time to a minimum, but wait time may vary with the number of patients and the severity of the illnesses that are currently being treated.

If you find that you need to bring yourself or a family member to our emergency service, here are some things that you can do that may improve your visit. Bring a list of medications and correct doses. If you don't know these, then bring the medications in with you. Be sure to let the triage nurse know of any allergies or significant medical problems that you may have. Have someone available to drive you home. Sometimes we give medications that don't allow you to drive.

Every patient is important to us! Every patient will receive attention as quickly as we can provide it. Our busiest times are evening hours, on weekends and holidays. To help you through your visit to the ER, here is an example of a typical visit: Check in at the ER Registration Desk. First and foremost we provide patient privacy at all times. If standing in line to check in, please allow the person in front of you privacy. The medical clerk will create a chart to document your visit. You will be asked why you are here and current address, phone and insurance information.

The triage nurse is the first health professional you will see. He or she will need descriptions of your illness,

Continued on page 7

Africa Partnership Station Seabees Break Ground on Ghanaian Navy Clinic

By MC 2nd Class (AW/SW) R.J. Stratchko
Africa Partnership Station Public Affairs

TEMA, Ghana (NNS) — Africa Partnership Station (APS) and the Ghanaian Navy moved a step closer to substantiality with a partnership ground breaking ceremony launching the construction of a medical clinic in Tema, Nov. 20.

The United States Ambassador to Ghana, Pamela Bridgewater, attended the ceremony, as did the Ghanaian Deputy Minister of Defense, The Honorable William Boafo.

"Once the medical clinic is completed, it will be the center of a community outreach performed jointly through the international non-governmental organization Project Hope and doctors from the U.S. Navy," said Bridgewater.

APS is an international effort responding to specific African requests for assistance, collaborated through partnerships and teamwork. The Tema clinic is one of more than a dozen community relations projects planned during this six-month round of APS.

"It is very gratifying that after all the visits our interaction in the partnership has yielded something very good. As we stand here today, we are going to witness the ground breaking for a medical clinic to be built

by the U.S. Seabees in partnership with our work services engineers," said Ghanaian Navy Commodore Matthew Quashie, Eastern Ghana Naval Command.

"The facility that is currently on their base is old and worn, they've asked us to build a new medical facility right outside the Navy base so they can not only treat their military personnel, but so the local people can benefit from the clinic as well," said Lt. j.g. Joseph Clements, project officer with Naval Mobile Construction Battalion 40.

One of the tenets of APS is to grow long-term partnerships with African nations. During the first phase of APS there will be three extended visits to Tema with multiple training opportunities. While most of APS' focus is on training, such projects serve a higher calling in developing partnerships.

"We have been asked to be here, and because of that we are working with West and Central African countries on efforts that are focused on nurturing partnerships with African nations to help them develop maritime safety and security capabilities," said Rear Adm. Tony Kurta, director for Policy, Resources and Strategy, U.S. Naval Forces Europe.



TEMA, Ghana (Nov. 20, 2007) Builder 2nd Class (SCW) Errol Browning, right, explains the plans of construction to William Boafo, deputy Minister of Defense, Ambassador Pamela E. Bridgewater and Commodore Matthew Quashie, Ghanaian Eastern Naval Command, at the Africa Partnership Station (APS) ground-breaking ceremony commemorating initial construction of a new medical clinic, which is to be used by the Ghanaian military population and civilian population. APS is scheduled to bring international training teams to Senegal, Liberia, Ghana, Cameroon, Gabon, and Sao Tome and Principe, and will support more than 20 humanitarian assistance projects in addition to hosting information exchanges and training with partner nations during its seven-month deployment. U.S. Navy photo by Mass Communication Specialist 2nd Class RJ Stratchko (RELEASED)

APS 2007 is a U.S. Naval Forces Europe-led initiative, executed by a multi-national staff aboard Fort McHenry and High Speed Vessel 2 Swift.

Commander Task Group 60.4

and training teams from various U.S. and European military commands, as well as governmental and non-governmental organizations, are embarked on board USS Fort McHenry (LSD

43) to enhance cooperative partnerships with regional maritime services in West and Central Africa and the Gulf of Guinea on a seven-month deployment.

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What is Respiratory Etiquette?

During the cough, cold and "flu" season, there are some simple tips that will keep respiratory infections from spreading. Respiratory infections affect the nose, throat and lungs; they include influenza (the "flu"), colds, and severe acute respiratory syndrome (SARS). The germs (viruses) that cause these infections are spread from person-to-person when an infected person coughs, sneezes or talks.

You can help stop germs in their tracks and reduce your chances of catching or spreading a respiratory infection by taking these simple "respiratory etiquette" steps:

* Cover your mouth and nose with a tissue when you cough or

sneeze or cough into your upper sleeve, not your hands.

* Wash your hands frequently with soap and water, or use an alcohol-based hand sanitizer. Especially after sneezing, blowing your nose, or coughing.

* Stay at home to avoid spreading germs, when you have a cough and fever.

* See your primary care provider as soon as possible if you have a cough and fever, and follow their instructions.

During cough, cold, and "flu" season and any other time it is determined to be appropriate, Naval Hospital Twentynine Palms will routinely offer masks to patients and visitors who are coughing, so be prepared!

Whenever possible, sit at least three feet away from others if

you have a cough. You will also be asked to comply with "respiratory etiquette" as recommended by the Centers for Disease Control and Prevention.

Following "respiratory etiquette" will help break the chain of infection and stop outbreaks of the flu in its tracks. Your cooperation and understanding is needed to be successful in defeating respiratory infections

The cycle of life...

You believe in Santa Claus
 You don't believe in Santa Claus
 You are Santa Claus
 You look like Santa Claus

Fleet Forces Admiral Discusses IAs

By MC1 (SW) Stefanie Holzeisen-Mullen
Fleet Public Affairs Center, Atlantic

NORFOLK (NNS) -- Adm. Jonathan W. Greenert, Commander, U.S. Fleet Forces Command, recently recorded a podcast to talk to Sailors about the Navy's individual augmentee (IA) process.

Not long ago, Greenert traveled to the Navy Individual Augmentee Combat Training Unit in Fort Jackson, S.C., to get a firsthand look at the training facility and speak to Sailors preparing for an IA assignment.

"That was a great trip ... it totally changed my impression and my ideas on our individual augmentee program," said Greenert, noting specifically the intensity of the skills being taught and the confi-

dence and character of the Sailors he met.

With more than 10,000 IAs serving in the U.S. Central Command area of responsibility, including active-duty and reserve components, Greenert was quick to note that this type of duty is quickly becoming the norm for career Sailors and the Navy is working overtime to ensure the necessary training and support systems are in place. The evolution of IA training is part of the Navy's shift to a more expeditionary force with the majority receiving orders to duty in Iraq and Afghanistan.

"This is not a short-term process [IA assignments]," said Greenert. "We have 10,000 now and are train-

ing to turn over that amount."

In October 2006 United States Joint Forces Command assumed responsibility of the IA training program at Fort Jackson and have worked in concert with the Army to ensure the best possible training program is in place to prepare Sailors for success in their IA assignment.

The course was based on theater requirements for all service members. The program is designed to teach essential skills to individuals assigned to Army units. The course includes training in basic marksmanship, combat first aid, land navigation, urban operations and an introduction to Army culture. Perhaps most important is training in convoy and counter-improvised explosive device operations.

"I feel very good about the people

who are there," said Greenert. "They are very confident when they are done and they have good reason to. I feel very good about the training."

Greenert has also set his sights on educating the Navy family on this new type of deployment by making sure they have access to current information and resources to ensure success on the home front.

"We are doing a lot but we need to get better at what we're doing," Greenert admitted. "The Navy is good at caring for a unit or family of a unit when that unit deploys. But what we're talking about now are individuals within a unit and we need to take that same approach."

"The Navy ombudsman program is strengthened and ready to deal with this need."

Greenert pointed to one Sailor he met while at Fort Jackson who praised the dedication and tenacity of his unit's ombudsman, crediting them with preparing him for deployment in just one week vice the traditional four to five weeks.

"It's this caring for the individual," Greenert added. "The unit looking out for the individual. That's the mindset we have to have."

In the past, IA deployment information was often scattered and dif-

ficult to find. Recognizing this, the Navy stood up Expeditionary Combat Readiness Command (ECRC) in October 2006. ECRC is designed to provide oversight and ensure effective processing, equipping, training, certification and deployment. In addition to getting Sailors prepared, ECRC provides reach-back, redeployment and proactive family support to the families of IAs, ad-hoc individuals and provisional units deploying for non-traditional expeditionary missions in support of the global war on terrorism.

ECRC is designed to be a center for IAs and their families to lean on for resources, support and guidance. The IA handbook, available on the ECRC Web site, is one publication Greenert said many of those he spoke with at Fort Jackson pointed to repeatedly as a key reason why they felt prepared.

Quick to laud the volume of assistance and wealth of knowledge available to better prepare a Sailor to serve in an IA assignment, Greenert had a simple suggestion for those who really want to know what to expect and how to prepare - go straight to the source.

"Talk to somebody who has been there. You'll get the insight, you'll help get rid of some of the anxieties that build up. Have faith that this training process will prepare you well."

ER Procedures...

Continued from page 5

medications and allergies. Patients waiting for treatment will be prioritized by need severity of symptoms and condition on presentation. The triage nurse can provide first aid supplies, such as Tylenol, Motrin, bandages, splints or ice packs if needed. Your blood pressure and temperature will be recorded at this time. You may be asked to provide a urine sample, visit radiology for x-ray imaging, or have a blood sample drawn during this phase of your visit. Following this initial evaluation of your injury or illness, you will be directed to the appropriate waiting area.

The hospital's ER will try to minimize the time spent in the waiting area. Your comfort, while waiting, is important to us. We ask that you refrain from eating or drinking while waiting treatment. Those accompanying you are welcome to use the hospital's snack area, located on the first floor, seashore. If you wish to inquire about the status of a patient, please use the beige wall phone in the waiting area. His telephone rings at the nursing station. The staff will be happy to provide you updated information.

As soon as possible, you will be called and taken to a room in the ER for an appropriate evaluation and treatment of your problem.

A healthcare provider will per-

form a physical examination. If injury or illness requires a specialist, one will be consulted to aid in your evaluation. The ER at times can be very busy and crowded. We ask that only one support person accompany patients to help protect privacy.

If your problem does not require hospital admission, you will be discharged from the ER. Written instructions detailing home care procedures will be

explained by a health care professional and given to you. Please do not hesitate to ask questions regarding your concerns. At, or before discharge you may receive a follow-up referral or prescription for medication. Appropriate actions to facilitate either will be explained by a health care professional.

Family Member Accounts...

Continued from page 1

can log on to <https://sso.dmdc.osd.mil/famAcctMgr> using his or her CAC or DFAS PIN. Eligibility for an account is based on the family's benefit status in the Defense Enrollment Eligibility Reporting System (DEERS). Dependent children older than 18 can get their own account. The sponsor selects which family members are eligible and then creates a separate account and a temporary password for each of them. Once the account is established, the sponsor gives family members their numbers and temporary passwords.

Family Member Account numbers and passwords will be accepted on TRICARE's new Beneficiary Web Enrollment system. The new system will allow Prime and Prime Remote beneficiaries to easily enroll and manage their health care online.

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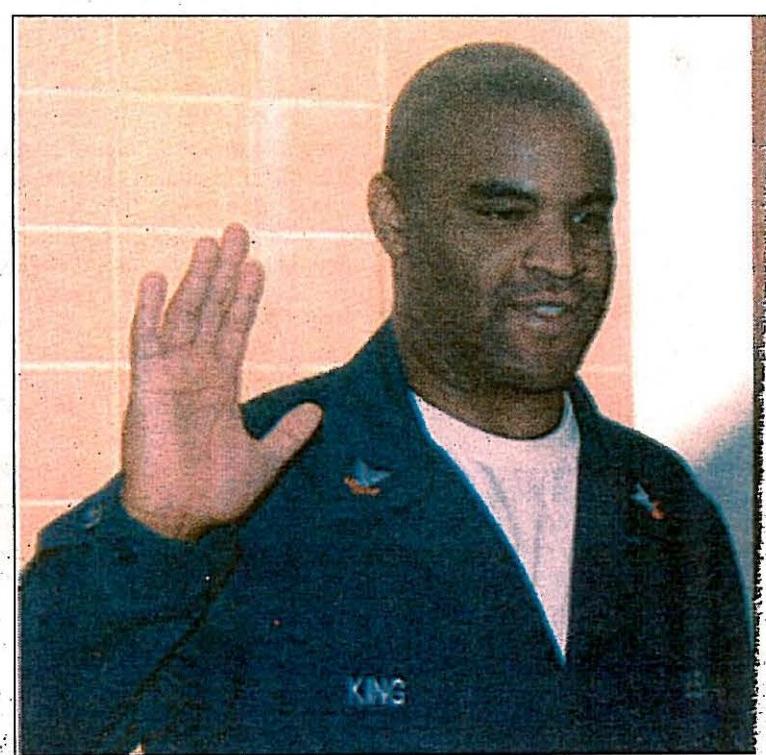


Super Stars

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Lt. Thida Buttke, Preventive Medicine Department, takes the oath during her recent promotion ceremony to her current rank.



CS2 Erik King, Operating Management Department, takes the oath at his recent reenlistment ceremony.